

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## RECENTATEMENT OF ECONOMIC INTERESTS

AIR POLITICAL TICES COMMISSION COVER PAGE



Date Received

BY Please type or print in ink. 2019 MAR - 1 PM 4: 25 NAME OF FILER (FIRST) (MIDDLE) William Jones Brian 1. Office, Agency, or Court Agency Name CA State Legislature Division, Board, Department, District, if applicable Your Position Assembly District 77 Assembly Member, Legislator ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_ County of \_ ☐ City of — Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2011. O The period covered is January 1, 2011, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2011. O The period covered is \_\_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_\_\_\_\_\_ the date of leaving office. Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_ 4. Schedule Summary ▶ Total number of pages including this cover page: Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that Mar 2012 (month, day, year)

### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

i i		00
<b>CALIFORNIA</b>	FORM /	W
FAIR POLITICAL PRA	CTICES COMIN	IISSION
Name		
Brian W. Jone	s	

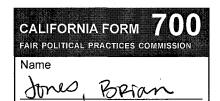
► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
JV Interiors/Heather Jones	
Name 10275 Michala Place Santee, CA 92071	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Trust, go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000
☐ \$1,001 - \$10,000	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT   REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000  /	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Brian W. Jones	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CBRE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4365 Executive Dr. Suite 1600 San Diego,CA 92121	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Sales	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 × \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
▼ Commission or	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
	nding institutions, or any indebtedness created as part of a
	lender's regular course of business on terms available to
	tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
THIRE OF LETISLES.	
ADDRESS (Business Address Acceptable)	% None
,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	P****
LICUTEST BALANCE DUDING DEPORTING DEDICE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
L L OVEED \$400,000	Pro
OVER \$100,000	Other (Describe)
OVER \$100,000	Other(Describe)
OVER \$100,000	



NAME OF SOURCE COuncil for Legislative Excellence ADDRESS (Guinness Address Acceptable) 2150 River Plaza Dr. Sac. CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE ASSociation DATE (mmiddlyry) VALUE DESCRIPTION OF GIFT(S)  02 / 08 / 11		
ADDRESS (Business Address Acceptable) 2150 River Plaza Dr. Sac. CA 95833 Business Activity, iF Any, OF SOURCE Association DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 02 / 08 / 11	NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 2150 River Plaza Dr. Sac. CA 95833 Business Activity, iF Any, OF SOURCE Association DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 02 / 08 / 11	Council for Legislative Excellence	Quarles & Brady, Lance Hastings, MillerCoors LLC
BUSINESS ACTIVITY, IF ANY, OF SOURCE ASsociation DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  02 , 08 , 11		
Association  DATE (mm/dd/yy) VALUE  DESCRIPTION OF GIFT(S)  02 / 08 / 11	2150 River Plaza Dr. Sac. CA 95833	411 E. Wisconsin Ave. Milwaukee, WI 53202-4497
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  02 / 08 / 11	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
02 / 08 / 11 \$ 75.45 Dinner    03 / 01 / 11 \$ 54.49 Beer pairing	Association	
NAME OF SOURCE  District Agriculture Association- Del Mar Fairgrounds ADDRESS (Business Address Acceptable)  2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216 BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(5)  06 / 06 / 11 \$ 65 5 fair admission tickets    NAME OF SOURCE   DESCRIPTION OF GIFT(5)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
District Agriculture Association- Del Mar Fairgrounds ADDRESS (Business Address Acceptable)  2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216 BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O6 / 06 / 11	02 , 08 , 11 <sub>\$</sub> 75.45 Dinner	<u>03 / 01 / 11</u> <sub>\$</sub> 54.49 <u>Beer pairing</u>
District Agriculture Association- Del Mar Fairgrounds ADDRESS (Business Address Acceptable)  2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216 BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O6 / 06 / 11	\$	\$
District Agriculture Association- Del Mar Fairgrounds ADDRESS (Business Address Acceptable)  2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216 BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O6 / 06 / 11		\$
ADDRESS (Business Address Acceptable)  2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216  BUSINESS ACTIVITY, IF ANY, OF SOURCE  San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O6 / 06 / 11 \$ 65 5 fair admission tickets  NAME OF SOURCE  Barona Band of Mission Indians  ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner    March Company	► NAME OF SOURCE	► NAME OF SOURCE
2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216 BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  06 / 06 / 11	District Agriculture Association- Del Mar Fairgro	unds California Chamber of Commerce
BUSINESS ACTIVITY, IF ANY, OF SOURCE San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  06 / 06 / 11 \$ 65 5 fair admission tickets  / / \$ 189.72 Business Summit and  / / \$ 1uncheon  NAME OF SOURCE Barona Band of Mission Indians ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner  / / \$ 20vernight stay  BUSINESS ACTIVITY, IF ANY, OF SOURCE  10 / 24 / 11 \$ 325.00 Quail hunt, meals	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Diego County Fair  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  06 / 06 / 11 \$ 65 5 fair admission tickets	2260 Jimmy Durante Blvd. Del Mar, CA 92014-	2216 1215 K St. Suite 1400 Sac. CA 95814
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  06 / 06 / 11	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
06 / 06 / 11	San Diego County Fair	Chamber
J   \$	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
NAME OF SOURCE  Barona Band of Mission Indians  ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner   10 / 24 / 11 \$ 325.00 Quail hunt, meals  10 / 25 / 11 \$ overnight stay	06 / 06 / 11	ckets 06 / 01 / 11 s 189.72 Business Summit and
Barona Band of Mission Indians  ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner	\$	<u>luncheon</u>
Barona Band of Mission Indians  ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner		\$
ADDRESS (Business Address Acceptable)  1095 Barona Rd. Lakeside, CA 92040-1599  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner	NAME OF SOURCE	► NAME OF SOURCE
1095 Barona Rd. Lakeside, CA 92040-1599	Barona Band of Mission Indians	Tejon Ranch Company
BUSINESS ACTIVITY, IF ANY, OF SOURCE  Tribe  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  08 / 11 / 11 \$ 69.60 Barona/CRP Dinner  10 / 24 / 11 \$ 325.00 Quail hunt, meals  10 / 25 / 11 \$ overnight stay	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Tribe         DATE (mm/dd/yy)         VALUE         DESCRIPTION OF GIFT(S)           08 / 11 / 11         \$ 69.60         Barona/CRP Dinner         10 / 24 / 11         \$ 325.00         Quail hunt, meals	1095 Barona Rd. Lakeside, CA 92040-1599	1121 L St. Suite 409 Sac. CA 95814
DATE (mm/dd/yy)         VALUE         DESCRIPTION OF GIFT(S)           08 / 11 / 11         \$ 69.60         Barona/CRP Dinner	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
08 / 11 / 11       \$ 69.60       Barona/CRP Dinner       10 / 24 / 11       \$ 325.00       Quail hunt, meals	Tribe	
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	08 / 11 / 11 \$ 69.60 Barona/CRP Dinn	er 10 / 24 / 11 <sub>\$</sub> 325.00 Quail hunt, meals
	\$	
Comments;		
	Comments:	



				A 92000000000000000000000000000000000000
► NAME OF SOURCE		► NAME OF SOURC	E	
California Healthcare Institut	e	Edwards Lifesciences		
ADDRESS (Business Address Acceptab	ile)	ADDRESS (Business Address Acceptable)		ole)
1215 K St. Suite 940 Sac. C	A 95814	One Edwards Way Irvine, CA 92614		A 92614
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		IRCE
Association		Association	*	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11 \$ 55.10	Dinner- Gannon's	11 , 14 , 11	\$ <u>55.12</u>	Dinner- Gannon's
	Wailea, HI		\$	Wailea, HI
	self and guest		\$	self & guest (27.56 ea)
► NAME OF SOURCE		► NAME OF SOURC	E	
California Manufacturers & T	echnology Assoc.	Astellas Phar	ma US, Inc.	
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busine	ss Address Acceptab	ole)
1115 11 St. Sac. CA 95814-	3819	3 Pkwy N. De	erfield, IL 600	15-2537
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	IRCE
Association		Association		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u> <sub>\$</sub> 55.10	Dinner- Gannon's	11 / 14 / 11	\$ 55.10	Dinner- Gannon's
/\$	Wailea, HI		\$	Wailea, HI
/\$	self & spouse		\$	Self & Spouse (27.55 e
NAME OF SOURCE	······································	► NAME OF SOURC	E	
CA Correctional Peace Office	ers Association			
ADDRESS (Business Address Acceptable	le)	ADDRESS (Busines	ss Address Acceptab	ile)
755 Riverpoint Dr. W. Sac, C	A 95605			
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
Association	•			•
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 11</u> <sub>\$</sub> 233.46	Dinner- Spago		\$	
\$	Wailea, HI		\$	
\$		·	· \$	:
				•
Comments:				



► NAME OF SOURCE	► NAME OF SOURCE	
Sprint	The Walt Disney Company	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
201 Mission St. Suite 1500 San Francisco CA 94105	500 S. Buena Vista St. Burbank, CA 91521-0736	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Association	Association	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
12 / 18 / 11	12 / 25 / 11 <sub>\$</sub> 400 5 Adult 1 day/1 park	
	/spasses to Disneyland	
<u></u>	// \$ \$80 each	
NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$	\$	
	<i></i> \$	
	<b>1 \$</b>	
Comments:		

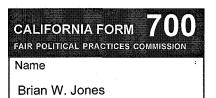


**Brian Jones** 

▶ NAME OF SOURCE	► NAME OF SOURCE	
Klamath Alliance for Resources & Environment KARE	Klamath Alliance for Resources & Environment KARE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
P.O. Box 1234 Yreka, CA	P.O. Box 1234 Yreka, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Environmental Alliance 501 (c)(3)	Environmental Alliance 501 (c)(3)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
05 / 19 / 11	05 / 19 / 11	
05 / 20 / 11 <sub>\$</sub> 89.43 Dinner	05 / 20 / 11	
NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
<u> </u>		
Comments:		



► NAME OF SOURCE	► NAME OF SOURCE	
Sycuan Tribal Council	CalChamber	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
5469 Casino Way, El Cajon, CA 92019	1215 K St. Suite 1400 Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Tribal Council	Chamber	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
01 / 20 / 11 <sub>\$</sub> 59.13 Dinner	06 / 02 / 11 s 19.43 Co-Hosted Breakfast	
	<u>06 / 01 / 11</u> <sub>\$</sub> 189.72 <u>Luncheon</u>	
· · · · · · · · · · · · · · · · · · ·	\$	
► NAME OF SOURCE	▶ NAME OF SOURCE	
Neighborhood Market Association		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
8923 La Mesa Blvd., 2nd Floor, La Mesa, CA 91941		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Association		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	Divide (timibatily)	
01 / 13 / 11	\$	
	\$	
► NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
Comments:		



NAME OF SOURCE		► NAME OF SOURCE	
Gonzales, Quintana &	Hunter LLC		
ADDRESS (Business Address A		ADDRESS (Business Address Acceptable)	
915 L St. Suite 1480, S	Sacramento CA 95814		
BUSINESS ACTIVITY, IF ANY, O		BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Association, Pala			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)
04 / 29 / 11 8 81	.00 Dinner, Drinks	\$	<i>:</i>
		\$	
/		\$ \$	·
NAME OF SOURCE		▶ NAME OF SOURCE	
ADDRESS (Business Address A	cceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, O	DF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)
/\$		\$	
/\$	· · · ·	\$	1 - 251
NAME OF SOURCE		NAME OF SOURCE	
ADDRESS (Business Address Ad	cceptable)	ADDRESS (Business Address Acceptable)	· .
BUSINESS ACTIVITY, IF ANY, C	OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)
\$		\$	
		/ / *	
\$	MACALINE MACAINE M		
	AAA-14-14-14-14-14-14-14-14-14-14-14-14-14-	\$	
		\$	



**Brian Jones** 

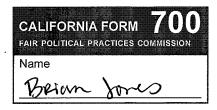
**************************************	2010 N. 1. 1. N.		
► NAME OF SOURCE	▶ NAME OF SOURCE		
Assemblyman Dan Logue	Green Acres Nursery		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
State Capitol, Sacramento CA 95814	8501 Jackson Road Sacramento, CA 95826		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Assembly Member	Local Nursery		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
03 <u>/ 16 / 11</u> <u>\$ 7.60</u> <u>Lunch</u>	03 / 16 / 11		
	\$		
▶ NAME OF SOURCE	▶ NAME OF SOURCE		
California Cattlemen's Association	Justin Oldfield, Margo Parks		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1221 H St. Sacramento CA 95814-1910	1221 H St. Sacramento, CA 95814-1910		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Association of Cattle Farmers	Gov. Affairs, CA Cattlemen's Association		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
08 <u>/ 17 / 11</u> <u>\$ 4.75</u> Educational Tour	06 / 29 / 11 \$ 9.95 Breakfast		
03 / 23 / 11 s Legislative Breakfast			
► NAME OF SOURCE	► NAME OF SOURCE		
California Outdoor Heritage Alliance (COHA)	California Forestry Association		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1600 Sacramento Inn Way, Sacramento, CA 95815	1215 K St. Suite 1830 Sacramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Outdoor Alliance	Association		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
08 / 23 / 11	<u>12 / 15 / 11</u> <sub>\$</sub> (-)10 Calendar		
comments: All gifts listed on the	is page are under		



Sec			
► NAME OF SOURCE	•	► NAME OF SOURCE	
The Hearst Corporation	· · · · · · · · · · · · · · · · · · ·	California Tribal Business Alliance	
ADDRESS (Business Address Acceptable	le)	ADDRESS (Business Address Acceptable)	
5 Third St. #200 San Francis	sco, CA 94103	1530 J St. Suite 400 Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Hospitality		Tribal Alliance	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 11 \$ 39.30	Meals & refreshments	1 , 11 , 11	Food, beverage
\$		\$	and Entertainment
\$		\$	
► NAME OF SOURCE		► NAME OF SOURCE	
Chukchansi Economic Devel		California Cable & Telecom  ADDRESS (Business Address Accepta	
46575 Road 417, Bldg. C Co	arsegold, CA 93614	1001 K St. 2nd Floor Sacra	mento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOUR		BUSINESS ACTIVITY, IF ANY, OF SO	URCE .
Tribal Business		Cable Association	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 11	Food, beverage	<u>1 , 11 , 11</u> <sub>\$</sub> 10.47	Food, beverage
<u></u> \$	& entertainment	\$	& entertainment
\$		\$	
NAME OF SOURCE		► NAME OF SOURCE	•
San Diego County Apartmen	t Association	NBCUniversal	
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business Address Accepta	ble)
1115 11 St. 2nd floor Sacram		100 Universal City Plaza Ur	niversal City, CA 91608
BUSINESS ACTIVITY, IF ANY, OF SOUR	₹CE	BUSINESS ACTIVITY, IF ANY, OF SO	URCE
Housing Association			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
2 / 14 / 11 \$ 46.00	Dinner	03 / 02 / 11 \$ 16.00	1 ticket - screening
\$		03 / 02 / 11 \$ 14.00	DVD Raffle Prize
\$	·	\$	
Comments: All gifts on this page	ge are less than \$50		

			* *** ***	
NAME OF SOURCE	► NAME	OF SOURCE		
Northern California Bowling Centers				
ADDRESS (Business Address Acceptable)	ADDR	ESS (Busines	s Address Acceptable	9)
2600 Watt Avenue, Sacramento, CA 9	5821			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSIN	NESS ACTIVIT	Y, IF ANY, OF SOUF	RCE
DATE (mm/dd/yy) VALUE . DESCRIPTI	ION OF GIFT(S)	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 11 \$ 10.00 Bowlings	/Food & Drink	//	\$	
		//	\$	
			\$	
NAME OF SOURCE	► NAME	OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDR	ESS (Busines	s Address Acceptable	P)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSIN	IESS ACTIVIT	Y, IF ANY, OF SOUR	CCE
DATE (	ON OF CIET(C)	(mm/dd/yy)	VALUE	DESCRIPTION OF CIETYS
DATE (mm/dd/yy) VALUE DESCRIPTI	ON OF GIFT(S) DATE	(mm/aa/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
			\$	
		'	\$	
NAME OF SOURCE	► NAME	OF SOURCE		
ADDRESS (Business Address Acceptable)		ESS (Busines:	Address Acceptable	<u> </u>
,		, , ,		,
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSIN	IESS ACTIVIT	Y, IF ANY, OF SOUR	CE
DATE (mm/dd/yy) VALUE DESCRIPTI	ON OF GIFT(S)	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u></u>		'	\$	
\$			\$	<u> </u>
			\$	

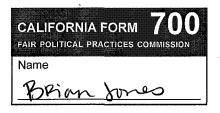
# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	► NAME OF SOURCE
Independent Voter Project - IVP	CA Independent Voter Project - CAIVP
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 West Broadway, Suite 1460	101 West Broadway, Suite 1460
CITY AND STATE	CITY AND STATE
San Diego, CA	San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
501 (c) (4)	501 (c) (4)
DATE(S): 11 / 13 / 11 - 11 / 18 / 11 AMT: \$ 2415.55	DATE(S): 04 / 13 / 11 - 04 / 16 / 11 AMT: \$ 124.43
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
Other - Provide Description	Other - Provide Description
Accommodations, meals/beverages, in connection w/ making speeches & participating in panel discussions	Subsistence/Meals in connection with participation in speeches/panel discussions and seminars
	NAME OF COURSE
► NAME OF SOURCE  Council for Legislative Excellence	► NAME OF SOURCE  Klamath Alliance for Resources & Environment KARE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2150 River Plaza Drive, Suite 150	P.O. Box 1234
CITY AND STATE	CITY AND STATE
Sacramento, CA 95833	Yreka, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE S 501 (c)(3)
	Environmental Alliance
DATE(\$): 04 / 13 / 11 - 14 / 16 / 11 AMT: \$ 124.43	DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 145.00
TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	
Subsistence/Meals in connection with participation in	Lodging for Legislative tour
speeches/ panel discussions and seminars	
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



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- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	▶ NAME OF SOURCE
Sierra Pacific Industries	The time of sociole
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 496028	
CITY AND STATE	CITY AND STATE
Redding, CA 96049-6028	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 356.00	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description	☐ Other - Provide Description
Air Transport for legislative tour	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
- APART - APAR	
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFO	ORNIA I	ORN	7	00	)
FAIR POLI			·	SSION	
Name					13666
Brian J	ones	-			_

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	▶ NAME OF SOURCE
San Diego International Airport Authority	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 82776	
CITY AND STATE	CITY AND STATE
San Diego, CA 92101	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Ground Transportation Department, SDCRAA	
DATE(S): 01 / 02 / 11 - 11 / 18 / 11 AMT: \$ 2569.00	DATE(S):/
TYPE OF PAYMENT: (must check one) 🛛 Gift 🔲 Income	TYPE OF PAYMENT: (must check one)  Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Airport parking for legislative business (limits do not apply)	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one) . Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
- Per sure -	
1	
Comments:	